Status: Finalized

I. Hospital Information

Hospital Name: GIBSON GENERAL HOSPITAL, INC.

Provider #: 151319

City: Princeton

County: Gibson

Year: 2016

Person Completing the Report: Robin Knight

Email Address: rknight@gibsongeneral.com

LICENSURE, ACCREDITATION, OR DESIGNATED UNITS (check all that apply)

State Licensure: ✓ Acute License □ LTC Certification

Private Accreditation: JCAHO HFAP

CMS Specialized
✓ CAH □ TLC □ Rehab

DRG Exempt: ■ Psych ■ Rehab ■ Swing Bed

Number of Total Hospital Full Time Equivalents 183.37

II. Hospital Service Utilization

| Hospital Service Description | Number of Set- up Beds | Number of Discharges | Number of Patient Days | Annual Total Charges |
|---------------------------------|---------------------------|----------------------|------------------------|----------------------|
| Burn Care | 0 | 0 | 0 | \$0 |
| Cardiac Intensive | 0 | 0 | 0 | \$0 |
| ICU Medical/Surgical | 5 | 36 | 122 | \$379,153 |
| ICU Neonatal | 0 | 0 | 0 | \$0 |
| ICU Pediatric | 0 | 0 | 0 | \$0 |
| Medical/Surgical | 20 | 326 | 1239 | \$1,604,184 |
| Neonatal Intermediate | 0 | 0 | 0 | \$0 |
| Normal Newborn | 0 | 0 | 0 | \$0 |
| Obstetrics | 0 | 0 | 0 | \$0 |
| Pediatric | 0 | 0 | 0 | \$0 |
| Psychiatric | 0 | 0 | 0 | \$0 |
| Rehabilitation | 0 | 0 | 0 | \$0 |
| Substance Abuse | 0 | 0 | 0 | \$0 |
| Swing Bed Program | NA | 93 | 917 | \$1,189,204 |
| Extended Care | 0 | 0 | 0 | \$0 |

| Observation Beds | 0 | 0 | 0 | \$0 |
|--------------------|----|-----|------|-----|
| All Other Services | 0 | 0 | 0 | NA |
| Total Acute | 25 | 455 | 2278 | NA |

III. Nursing Facility Utilization

| | Number of Licensed Beds | Number of Discharges | Number of Patient Days |
|------------------|----------------------------|----------------------|---------------------------|
| Nursing Facility | 0 | 0 | 0 |

IV. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-9-CM Diagnostic Categories

| Diagnostic Categories | Number of Encounters | Diagnostic Categories | Number of Encounters |
|-----------------------|----------------------|-----------------------|----------------------|
| Infectious Disease | 0 | HIV | 0 |
| Neoplasms | 0 | Endocrine | 0 |
| Diseases of Blood | 0 | Mental Disorders | 0 |
| Nervous | 0 | Circulatory | 0 |
| Respiratory | 0 | Digestive Diseases | 0 |
| Genitourinary | 0 | Pregnancy | 0 |
| Skin | 0 | Musculoskeletal | 0 |
| Congenital | 0 | Perinatal | 0 |
| All Injuries | 0 | | |
| Other/Known | 0 | Total Encounters | 0 |

V. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-10-CM Diagnostic Categories

| Diagnostic Categories | Number of Encounters | Diagnostic Categories | Number of Encounters |
|---|----------------------|--|----------------------|
| Certain infectious and parasitic diseases | 81 | HIV | 4 |
| Neoplasms | 311 | Endocrine, nutritional and metabolic diseases | 1432 |
| Diseases of blood and blood-forming organs and certain disorders involving the immune mechanism | 421 | Mental, Behavioral and Neurodevelopmental disorders | 974 |
| Diseases of the nervous system | 648 | Diseases of the circulatory system | 1448 |
| Diseases of the respiratory system | 334 | Diseases of the digestive Diseases | 356 |
| Diseases of the genitourinary system | 1055 | Pregnancy, childbirth and teh puerperium | 51 |
| Diseases of the skin and subcutaneous tissue | 181 | Diseases of the musculoskeletal system and connective tissue | 3807 |
| | | | |

| Congenital malfomations, deformations and chromosomal abnormalities | 17 | Certain conditions originating in the perinatal period | 51 |
|---|------|--|-------|
| Injury, poisoning and certain other consequences of external causes | 1118 | | |
| Other/Known | 8105 | Total Encounters | 20394 |

| Total ED Visits | ED Injury Visits | ED Injury Admissions |
|-----------------|------------------|----------------------|
| 11676 | 3427 | 44 |

Comments

11